

Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	acrobat distiller
Run by	OPS\$PCUMMING
Report Date	03-FEB-05 02:43

Crosswalk Report

Status : FN Substance Abuse and Mental Health Services Administration
Media ID : NE-MH/SA Office of Applied Studie
Start Date : 01-JAN-90
End Date :
Follow-up :

Nebraska's Treatment Episode Data Set
Version : 1

K = Key Field		System		<u>Nebraska</u>
Item		Item	Value	State System Data
No.	Treatment Episode Data Set			
1	System Transaction Type	-	System Tranaction Type Added To Each Record	
K 2	State Code	NE	FIPS Code Added To Each Record	
3	Reporting Date	-	Month And Year Of Submission Added To Each Record	

Crosswalk Report

OPSS\$PCUMMING

Page 3 of 17

Nebraska's Treatment Episode Data Set
Version : 1

K = Key Field Item		Minimum	<u>Nebraska</u>	
No.	Treatment Episode Data Set	Item	Value	State System Data
K 1	Provider Identifier	4	Organizational Number	
K 2	Client Identifier (Admission)	1	Continuity Of Care Code	
K 3	Co-Dependent/Collateral	5	Contact Type	
	2 No		1	Client
	1 Yes		2	Collateral
K 4	Client Transaction Type	-	Transaction Type	
	A Initial Admission		A	Initial Admission
	T Transfer/Change in Service		T	Transfer/Change in Service
K 5	Date of Admission	2	Date of Contact	
6	Number of Prior Treatment Episodes	22	Number of Previous Admissions To This Organization	
	0 0		0	0
	1 1		1	1
	2 2		2	2
	3 3		3	3
	4 4		4	4
	5 Or More		5	5 or more

Crosswalk Report

OPSS\$PCUMMING

Page 4 of 17

Nebraska's Treatment Episode Data Set
Version : 1

K = Key Field

Minimum

Nebraska

Item

Item

No. Treatment Episode Data Set

Value

State System Data

7	Principal Source of Referral	23	Prinicpal Source of Referral
01	Individual (includes self-referral))	001	Self
01	Individual (includes self-referral))	002	Family
01	Individual (includes self-referral))	003	Friend
06	Other Community Referral	004	Clergy
06	Other Community Referral	005	Tribal Elder Or Official
06	Other Community Referral	006	Farm Hotline
06	Other Community Referral	007	Food Pantry
06	Other Community Referral	008	Homeless Shelter
02	Alcohol/Drug Abuse Provider	010	Substance Abuse Prevention
02	Alcohol/Drug Abuse Provider	011	SA Professional Intervention
02	Alcohol/Drug Abuse Provider	012	SA Emergency/Detox
02	Alcohol/Drug Abuse Provider	013	SA Short-Term Residential
02	Alcohol/Drug Abuse Provider	014	SA Halfway House
02	Alcohol/Drug Abuse Provider	015	SA Therapeutic Community
02	Alcohol/Drug Abuse Provider	016	SA Chronic Care
02	Alcohol/Drug Abuse Provider	017	SA Partial Care
02	Alcohol/Drug Abuse Provider	018	SA Outpatient Counseling
02	Alcohol/Drug Abuse Provider	019	SA Methadone Detoxification
02	Alcohol/Drug Abuse Provider	020	SA Methadone Maintenance
02	Alcohol/Drug Abuse Provider	021	SA Professional Support Group
02	Alcohol/Drug Abuse Provider	022	Alcoholics/Narcotics Anonymous
02	Alcohol/Drug Abuse Provider	023	Alanon/Alateen Etc.
02	Alcohol/Drug Abuse Provider	024	Private SA Provider
02	Alcohol/Drug Abuse Provider	025	Hastings Regional Center: ATU
03	Other Health Care Provider	030	Lincoln Regional Center
03	Other Health Care Provider	031	Hastings Regional Center
03	Other Health Care Provider	032	Norfolk Regional Center
03	Other Health Care Provider	033	Comm MH Center
03	Other Health Care Provider	034	Mental Health Commitment Board
03	Other Health Care Provider	035	Private MH Practitioner
03	Other Health Care Provider	036	Private Family Counselor/Agency
04	School (Educational)	050	Primary (Grades 1-6)
04	School (Educational)	051	Middle (Grades 7-8)

Crosswalk Report

OPSS\$PCUMMING

Page 5 of 17

Nebraska's Treatment Episode Data Set
Version : 1

K = Key Field

Minimum

Nebraska

Item	Item	Value	State System Data
No.	Treatment Episode Data Set		

7	Principal Source of Referral	23	Prinicpal Source of Referral
04	School (Educational)	052	Secondary (Grades 9-12)
04	School (Educational)	053	College or University
05	Employer/EAP	060	Employers
05	Employer/EAP	061	EAP
03	Other Health Care Provider	070	Hospital
03	Other Health Care Provider	071	Nursing Facility
03	Other Health Care Provider	072	Private Physician
03	Other Health Care Provider	073	Mid-Level Practitioner
03	Other Health Care Provider	074	Public Health Staff
03	Other Health Care Provider	075	Other Medical Facility
06	Other Community Referral	080	Mental Retardation Agency
06	Other Community Referral	081	State Social Services Office
06	Other Community Referral	082	Social Service Therapeutic Foster Care
06	Other Community Referral	083	Social Service Home Based Services
06	Other Community Referral	084	Social Services Family Based Counseling
06	Other Community Referral	085	Social Services Psychiatric Evaluation
06	Other Community Referral	086	Social Services Sexual Perpetrator Evaluation
06	Other Community Referral	087	Community Service Agency
06	Other Community Referral	088	Agricultural Action Center
06	Other Community Referral	089	Job Training Office
06	Other Community Referral	090	County Extension Agent
06	Other Community Referral	091	Veteran's Administration
06	Other Community Referral	092	Other Human Service Provider
97	Unknown	096	None
97	Unknown	097	Unknown
97	Unknown	099	Other
07	Court/Criminal Justice/DUI/DWI	100	Police
06	Other Community Referral	101	Defense Attorney
07	Court/Criminal Justice/DUI/DWI	102	Prosecutor
07	Court/Criminal Justice/DUI/DWI	103	Pre-Trial Diversion
07	Court/Criminal Justice/DUI/DWI	103	Court Referral

Crosswalk Report

OPSS\$PCUMMING

Page 6 of 17

Nebraska's Treatment Episode Data Set
Version : 1

K = Key Field

Minimum

Nebraska

Item No.	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	23	Prinicpal Source of Referral	
07	Court/Criminal Justice/DUI/DWI	105	Court Order	
07	Court/Criminal Justice/DUI/DWI	106	Probation	
07	Court/Criminal Justice/DUI/DWI	107	Corrections	
07	Court/Criminal Justice/DUI/DWI	108	Parole	
8	Date of Birth	6	Date of Birth	
9	Sex	7	Gender	
1	Male	1	Male	
2	Female	2	Female	
10	Race	8	Race	
01	Alaska Native (Aleut, Eskimo, Indian)	1	Alaskan Native	
02	American Indian (Other than Alaskan Native)	2	American Indian	
03	Asian or Pacific Islander	3	Asian/Pacific Islander	
04	Black or African American	4	Black/African American	
05	White	5	White/Caucasian	
20	Other	6	Other	
13	Asian			
23	Native Hawaiians or Other Pacific Islanders			
11	Ethnicity	9	Ethnicity	
02	Mexican	1	Mexican	
01	Puerto Rican	2	Puerto Rican	
03	Cuban	3	Cuban	
04	Other Specific Hispanic	4	Other Hispanic	
05	Not of Hispanic Origin	5	Not Of Hispanic Origin	

Crosswalk Report

OPSS\$PCUMMING

Page 7 of 17

Nebraska's Treatment Episode Data Set

Version : 1

K = Key Field

Minimum

Nebraska

Item

Item

No. Treatment Episode Data Set

Value

State System Data

12 Education

00 Less Than One Grade Completed
01- Years of School(Highest Grade) (
25 General Equivalency Degree, use
12)
01- Years of School(Highest Grade) (
25 General Equivalency Degree, use
12)
01- Years of School(Highest Grade) (
25 General Equivalency Degree, use
12)
01- Years of School(Highest Grade) (
25 General Equivalency Degree, use
12)
01- Years of School(Highest Grade) (
25 General Equivalency Degree, use
12)
01- Years of School(Highest Grade) (
25 General Equivalency Degree, use
12)
01- Years of School(Highest Grade) (
25 General Equivalency Degree, use
12)
01- Years of School(Highest Grade) (
25 General Equivalency Degree, use
12)

10 Education

0 Less Than First Grade
1-12 Primary And Secondary Education

13 College Freshman

14 College Sophomore

15 College Junior

16 Senior or College Graduate

17 Some College

18 Masters

19 PhD

21 MD

13 Employment Status

01 Full Time
02 Part Time
02 Part Time
03 Unemployed
04 Not in Labor Force

12 Employment Status

1 Employed Full-Time
2 Employed Part Time Permanent
3 Employed Part Time Odd Jobs
4 Unemployed Seeking Employment
5 Unemployed Not Seeking Employment

Nebraska's Treatment Episode Data Set

Version : 1

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Nebraska

Item

Item

No. Treatment Episode Data Set

Value

State System Data

14	Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C)	49	Substance Abuse Problem, Primary, Secondary, Tertiary
02	Alcohol	10	Alcohol
03	Cocaine, Crack	11	Cocaine/Crack
04	Marijuana, Hashish (includesTHC and other Cannabis Sativa preparations)	12	Marijuana/Hashish/Pot
05	Heroin	13	Heroin
06	Non-Prescription Methadone	14	Non-Prescription Methadone
07	Other Opiates and Synthetics	15	Other Opiates and Synthetics
08	PCP	16	PCP/Angel Dust
09	Other Hallucinogens	17	Other Hallucinogens
10	Methamphetamine	18	Methamphetamines
11	Other Amphetamines	19	Other Amphetamines
12	Other Stimulants	20	Other Stimulants
13	Benzodiazepine	21	Benzodiazepine
14	Other Tranquilizers	22	Other Tranquilizers
15	Barbiturates	23	Barbiturates
16	Other Sedatives or Hypnotics	24	Other Sedatives/Hypnotics
17	Inhalants	26	Over The Counter
01	None	96	None
20	Other	99	Other

15	Usual Route of Administration (Primary-15A, Secondary-15B, Tertiart-15C)	40	Route Of Administration
01	Oral	1	Oral
02	Smoking	2	Smoking
03	Inhalation	3	Nasal (Snorted or Sniffed)
04	Injection (IV or intramuscular)	4	Injection (IV or Intramuscular)
97	Unknown	97	Unknown
20	Other	99	Other

Nebraska's Treatment Episode Data Set
Version : 1

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Nebraska

Item

Item

No. Treatment Episode Data Set

Value

State System Data

16 Frequency of Use (Primary-16A, Secondary-16B, Tertiary-16C)**51****Frequency Of Use**

01	No past month use	1	No Past Month Use
02	1-3 times in past month	2	1-3 Times in Past Month
03	1-2 times per week	3	1-2 Times Per Week
04	3-6 times per week	4	3-6 Times Per Week
97	Unknown	97	Unknown
97	Unknown	99	Other

17 Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)**52****Age First Use**

00-95	Indicates The Age at First Use	00-96	00-96
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K 18 Type of Services**57****Program Admitted To**

01	Hospital Inpatient (Detox, 24 hour Service)	N03	Emergency/Detoxification Program
04	Short-term, (30 days or fewer)	T04	Short Term Residential Program
02	Free-standing Residential (Detox, 24 hour Service)	T05	Halfway House Program
02	Free-standing Residential (Detox, 24 hour Service)	T06	Therapeutic Community Program
05	Long-term, (more than 30 days)	T07	Chronic Care Program
04	Short-term, (30 days or fewer)	T08	Partial Care Program
07	Non-Intensive Outpatient	T09	01 - Individual Counseling
07	Non-Intensive Outpatient	T09	02 - Group Counseling
07	Non-Intensive Outpatient	T09	03 - Family Counseling
07	Non-Intensive Outpatient	T09	04 - Medication
08	Ambulatory Detoxification	T10	01 - Methadone Detoxification
08	Ambulatory Detoxification	T10	02 - Methadone Maintenance

Crosswalk Report

Nebraska's Treatment Episode Data Set
Version : 1

K = Key Field		Minimum	<u>Nebraska</u>	
Item		Item		
No.	Treatment Episode Data Set		Value	State System Data
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19	Opioid Replacement Therapy (Planned or Actual)WasUse of Methadone Planned/Actual	57	Program Admitted To	
2	No	-	All Other Codes	
1	Yes	T10(0	Methadone Detoxification 1)	
1	Yes	T10(0	Methadone Maintenance 2)	

Nebraska's Treatment Episode Data Set
Version : 1

K = Key Field

Optional

Nebraska

Item No.	Treatment Episode Data Set	Item	Value	State System Data
1	Detail Drug Code, Primary	-	Not Collected	
	9998 Not Collected		9998 9998	
2	Detail Drug Code, Secondary	-	Not Collected	
3	Detail Drug Code, Tertiary	-	Not Collected	
4	DSM Diagnosis	-	Not Collected	
	999. Not Collected 98		999.9 999.98 8	
5	Psychiatric Problem in Addition to Alcohol or Drug Problem	55	Suspected Mental Health Problem	
	1 Yes		1 Yes	
	2 No		2 No	
6	Pregnant at Time of Admission	54	If Female, Pregnant At Time Of Admission?	
	1 Yes		1 Yes	
	2 No		2 No	
7	Veteran Status	11	Veteran	
	1 Yes		1 Yes	
	2 No		2 No	

Nebraska's Treatment Episode Data Set
Version : 1

K = Key Field

Optional

Nebraska

Item No.	Treatment Episode Data Set	Item	Value	State System Data
8	Living Arrangements	16	Residential Arrangements	
01	Homeless	1	Homeless	
03	Independent Living	2	Private Residence/Household	
02	Dependent Living	3	Regional Center	
02	Dependent Living	4	Jail Or Correctional Setting	
02	Dependent Living	5	Nursing Facility	
02	Dependent Living	6	Other Residential	
02	Dependent Living	7	Other Psychiatric Hospital	
02	Dependent Living	8	Other Patient Treatment	
9	Source of Income/Support	19	Source(s) of Income	
03	Retirement/Pension	1	SSI	
04	Disability	2	SSDI	
02	Public Assistance	3	Public Transfer	
01	Wages/Salary	4	Employment	
21	None	96	None	
20	Other	99	Other	
10	Health Insurance	21	Health Insurance	
01	Private Insurance (other than BCBS or HMO)	01	Private Health Insurance	
06	Health Maintenance Organization (HMO)	02	HMO/PPO	
03	Medicare	03	Medicare	
03	Medicare	04	Medicaid	
20	Other (e.g. TriCare, Champus)	05	Veteran's Administration	
20	Other (e.g. TriCare, Champus)	06	CHAMPUS	
21	None	96	None	
20	Other (e.g. TriCare, Champus)	99	Other	

Nebraska's Treatment Episode Data Set
Version : 1

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Optional

Nebraska

Item

Item

No. Treatment Episode Data Set

Value

State System Data

11	Expected/Actual Primary Source of Payment	59	Expected Payment Source For This Program Admission
01	Self-Pay	01	Self Pay
07	Other Health Insurance Companies	10	Private Health Insurance
06	Worker's Compensation	11	Worker's Compensation
07	Other Health Insurance Companies	12	HMO/PPO
09	Other	20	Employee Assistance Program (EAP)
03	Medicare	30	Medicare
04	Medicaid	31	Medicaid
05	Other Government Payments	32	Veteran's Administration
05	Other Government Payments	33	CHAMPUS
05	Other Government Payments	34	Other Public
08	No Charge (Free, Charity, Special Research or Teaching)	96	No Charge
97	Unknown	97	Unknown

12	Detailed Not in Labor Force	12	Not In Labor Force
05	Inmate of Institution (Prison or Institution - keeps people out of work force)	10	Inmate/Institution
06	Other	11	Other
01	Homemaker	6	Homemaker
02	Student	7	Student
03	Retired	8	Retired
04	Disabled	9	Disabled

Crosswalk Report

OPSS\$PCUMMING

Page 14 of 17

Nebraska's Treatment Episode Data Set
Version : 1

K = Key Field
Item

Optional

Nebraska

No.	Treatment Episode Data Set	Item	Value	State System Data
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13	Detailed Criminal Justice Referral Categories	23	Primary Source Of Referral
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04	Other Recognized Legal Entity (Local Law, Corr. Agency, Youth Ser., Review Board	100	Police
02	Other Court (Not State or Federal)	102	Prosecutor
02	Other Court (Not State or Federal)	104	Court Referral
01	State/Federal Court	105	Court Order
03	Probation/Parole	106	Probation
06	Prison	107	Corrections
03	Probation/Parole	108	Parole

14	Marital Status	14	Marital Status
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01	Never Married	1	Never Married
02	Now Married or Cohabiting	2	Now Married
02	Now Married or Cohabiting	3	Cohabiting
03	Separated (legally or otherwise absent)	4	Seperated (Legal or Otherwise)
04	Divorced	5	Divorced
05	Widowed	6	Widowed

15	Days Waiting to Enter Treatment	-	Not Collected
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998	Not Collected	998	998
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Nebraska's Treatment Episode Data Set
Version : 1

K = Key Field

Discharge

Nebraska

Item No.	Treatment Episode Data Set	Item	Value	State System Data
104	Provider ID (At Discharge)	-	????	Provider at DisCharge
105	Client Identifier - (At Discharge)	-	????	Client Id at Discharge
106	Co-Dependent/Collateral At Discharge	-	????	Codependent/Collateral at Discharge
109	Service at Discharge	-		NE Treatment Types
05	Long-Term, >30 days		104	Int. Res SA
05	Long-Term, >30 days		106	Dual Dx - Res
04	Short-Term, <=30 days		107	St Term Res SA
05	Long-Term, >30 days		108	TherComm - SA
05	Long-Term, >30 days		109	HalfWay - SA
03	Hospital (Other than Detox)		112	CommSupp I - SA
07	Outpatient		114	Dual DX I - NonRes
04	Short-Term, <=30 days		115	Partial SA
03	Hospital (Other than Detox)		117	CommSupp II - SA
07	Outpatient		118	Dual DX II - NonRes
06	Intensive Outpatient		119	Int O/P - SA
07	Outpatient		120	Dual DX III - NonRes
07	Outpatient		126	O/P Ind
02	Free-Standing Residential		135	Detox
07	Outpatient		143	O/P Ind - SA
03	Hospital (Other than Detox)		149	CommSupp SA
07	Outpatient		151	O/P - SA
146	Date of Last Contact	-	????	Date of Last Contact
147	Date of Discharge	-	????	Date of Discharge

Crosswalk Report

OPSS\$PCUMMING

Page 16 of 17

Nebraska's Treatment Episode Data Set
Version : 1

K = Key Field
Item

Discharge
Item

Nebraska

No. Treatment Episode Data Set Value State System Data

149	Reason for Discharge , Transfer or Discontinuance of Treatment	-	NE Reason for Discharge
03	Terminated by Facility	01	Terminated by Facility
06	Death	02	Death
02	Left Against Professional Advice (Drop Out)	03	Left Against Professional Advice
08	Unknown	04	Unknown
01	Treatment Complete	05	Treatment Completed
07	Other	06	Choose to decline additional treatment
05	Incarcerated	08	Incarcerated
07	Other	09	Other
07	Other	10	Seen for asst only/1 time contact

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report